

The Conversation Project

*"We talked about everything except one thing:
how she wanted to live at the end of her life".*

Ellen Goodman



<http://theconversationproject.org>

Awareness: Normalizing The Conversations

- It's not just the elderly or the sick, it's for young and healthy individuals as well!
- It's planning for your future
 - Just like you do financial planning, you should plan for how you want to live the remainder of your life
- It's a part of wellness

The Talking Gap

90% of people think it is important to talk about their loved ones' and their own wishes for end-of-life care.

27% of people have discussed what they or their family wants when it comes to end-of-life care.

More than **9 in 10** Americans
think it's important to talk about
their loved ones' and their own
wishes for end-of-life care.



What We Already Know

- This issue is for everyone
- Starter kit is very accessible
- Having these conversations makes a major difference in peoples' lives
- The conversations don't need to be perfect to work
- Not everyone wants to have these conversations
- Major impact on health care delivery
- It's always too early until it is too late!

A Conversation: A Family's Private Decision



<https://www.youtube.com/watch?v=S5nMcYFnvgo>

Advance Care Planning

“Advance care planning is about planning for the ‘what ifs’ that may occur across the entire lifespan.”

-Joanne Lynn, MD

The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.



*When it comes to
end-of-life care, one
conversation can make
all the difference.*

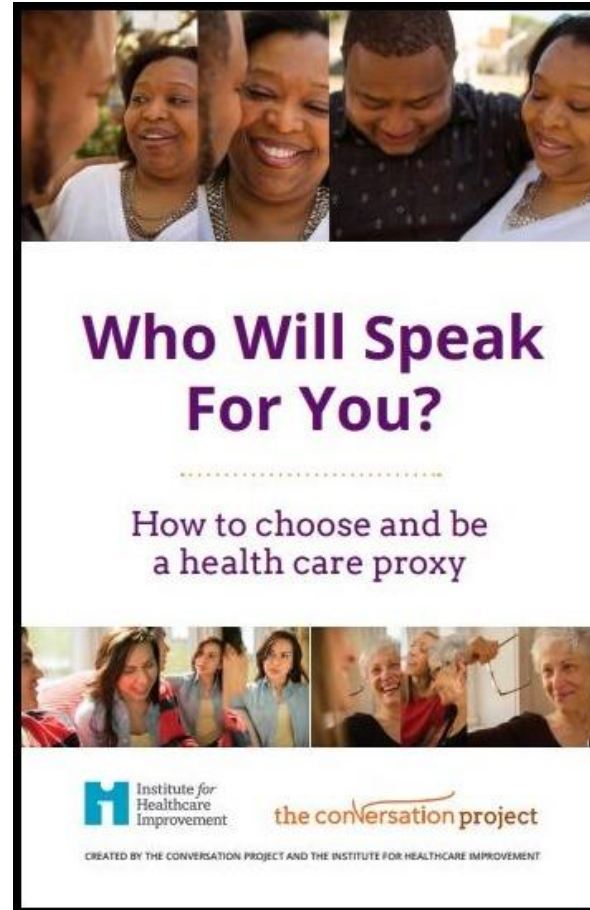
Let's Talk.

Begin Your Conversation Today.

starter kit



Advance Directives



NYS Surrogate Health Law

- MHL Article 81 guardian
- Spouse, if not legally separated from the patient, or the domestic partner
- Adult child
- Parent
- Adult sibling
- Close friend

MOLST vs. ADVANCE DIRECTIVES

Characteristics	MOLST	Advance Directives
Population	For the seriously ill	All adults
Timeframe	<u>Current care</u>	Future care
Who completes the form	Health Care Professionals	Patients
Resulting form	Medical Orders (MOLST)	Advance Directives
Health Care Agent or Surrogate role	Can engage in discussion if patient lacks capacity	Cannot complete
Portability	Provider responsibility	Patient/family responsibility
Periodic review	Provider responsibility	Patient/family responsibility

Medical Orders for Life-Sustaining Treatment

[illegible]

Being Mortal

"Our ultimate goal, after all, is not a good death but a good life to the very end."

Atul Gawande

Advisor to The Conversation Project



the conversation project

Thank You!



Contact Us!

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- Toolkits are available on-line at www.Conversationproject.org